

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7162
Registration District No. 5879
Registrar's No.

FILED MAR 11 1943

1. PLACE OF DEATH:

(a) County. OSAGE
(b) City or town. St. Aubert
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Benton Township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 87 years
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Amelia Ann Quick

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Widow
6. (b) Name of husband or wife. James Quick 6. (c) Age of husband or wife if alive. Dead years
7. Birth date of deceased. September 19th, 1855
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 5 - hr. min.

9. Birthplace Osage County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business.

MOTHER FATHER { 12. Name James Shackelford
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Frankie Schober
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Victor Quick
(b) Address Chamois, Mo. R. D.
17. (a) Burial (b) Date thereof 2-21-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Aubert cemetery

18. (a) Signature of funeral director Clyde Morton

(b) Address Box 144, Linn, Mo.

19. (a) March 5 1943 (b) Esther Souder
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage
(c) City or town St. Aubert, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19th,
year 1943 hour 6 minute 50 AM.

21. I hereby certify that I attended the deceased from
19 to 19
that I last saw him alive on 2-18 1943
and that death occurred on the date and hour stated above.

Immediate cause of death:
Chronic myocardiopathy

Due to
Due to

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature W. O. McKelley (M. D. or other)
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 17 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Vernon Morton

Licensed Embalmer No.....

4125

P. O. Address.....

Linn

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.